

Sac and Fox Nation

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LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM EMERGENCY ASSISTANCE

CASE NAME: _____ CASE#: _____

I have previously received Low Income Energy Assistance from:

AGENCY _____ CITY _____ COUNTY _____

for the period covering _____ to _____; for

_____ in the amount of _____.
Electric, Gas, Propane, Wood, etc.

Date: _____ (billing was paid by the above listed agency).

However, since receipt of the above stated assistance, the rising cost of home energy has continued to be excessive in relation to my household income. Therefore, I am declaring an emergency exists and further assistance is necessary to meet the rising costs of home energy.

I certify that this application for assistance is not for any energy costs previously paid by the above agency and that in no way is this application requested for the purpose of duplication of payments.

I have been informed that any person who knowingly, willfully and fraudulently provides false information for the purpose of obtaining benefits which he is ineligible to receive may be subject to prosecution to the fullest extent to the appropriate state or federal statute.

SIGNATURE

DATE